

Step by Step Instruction: How to Complete the New Sponsor Application Forms for the National School Lunch Program



Released April 2016

"How to Complete the Application Forms for the National School Lunch Program" is intended for the School Food Authorities in the state of Arizona. All regulations are specific to operating the National School Lunch Program under the direction of the Arizona Department of Education

Objectives

This training will

- Identify all forms required to be submitted to Arizona Department of Education (ADE) to apply as a New Sponsor for NSLP, and
- Provide instructions on how to complete the New Sponsor Application Forms for the National School Lunch Program (NSLP).

How to Complete the Application Forms for the National School Lunch Program

The Step by Step Instruction will review:

Application Forms for the National School Lunch Program	Slides 5-20
<u>Sponsor Application Process Statement</u>	Slide 5
<u>Food Program Permanent Service Agreement</u>	Slides 6-9
<u>ADD / CHANGE / DELETE</u>	Slide 10
<u>Common Logon Permissions Request for NSLP.</u>	Slides 11-12
<u>Free and Reduced Price Policy Statement</u>	Slides 13-14
Civil Rights Pre-Award Compliance	Slide 15
<u>State of Arizona Substitute W-9 Form</u>	Slide 16
<u>DUNS Number Form</u>	Slide 17
<u>Certification Regarding Debarment</u>	Slide 18
<u>Certification Regarding Lobbying</u>	Slide 19
Menu Certification	Slide 20
Application Forms if Applicable	Slides 21-24

*The following slides will only cover how-to instructions for completing the application forms. **If further guidance is needed on applying for the NSLP, please refer back to the ADE webpage; [How to Apply](#).***

New Sponsor Application Forms

- All documents need to be signed by the Designated Official. The Designated Official is listed on the Signature Page, page 18 of the Food Program Permanent Service Agreement (FPPSA)
- All forms must be submitted in hard copy to the Arizona Department of Education's (ADE) Health and Nutrition Services Child Nutrition Programs (CNP) office.

Mail original documents to:


National School Lunch and Breakfast Programs
Arizona Department of Education
1535 W. Jefferson, Bin #7
Phoenix, AZ 85007

Application Forms for the National School Lunch Program

New Sponsor Application Process Statement

This document should be used as a checklist to provide a complete application package.

[Sponsor Application Process Statement](#)


Arizona Department of Education
National School Lunch Program
New Sponsor Application Process Statement

What date do you plan to begin operating the NSLP and/or SBP? Anticipated first day of operation

To be approved for the National School Lunch Program and School Breakfast Program you must:

- ☐ Have a CTDS number from ADE School Finance/ Health and Nutrition
- ☐ Read the "Orientation to: Operating National School Lunch Program in Arizona" & complete the Orientation Assessment for New Sponsors
- ☐ Have your Breakfast (if applicable) and Lunch Menu(s) Certified by a Program Specialist
- ☐ Request Common Logon Permissions* for access to the CNPweb
- ☐ Complete Site and Sponsor applications on CNPWeb
- ☐ If applicable, have your Vendor contracts approved by the ADE/ HNS Contracts Management Officer
- ☐ Complete and submit the application packet below

The following forms must be submitted in hard copy to the Arizona Department of Education's Health & Nutrition Services Division Office/Child Nutrition Programs:

- ☐ New Sponsor Application Process Statement (this form)
- ☐ Food Program Permanent Service Agreement (2 signed originals must be submitted)
- ☐ ADD/ CHANGE/ DELETE (Health and Nutrition Services Entity Data Form)
- ☐ *Common Logon Permissions Request for NSLP on CNP Web (more than one user per organization is recommended)
- ☐ Private Organizations require: Common Logon Permissions Request for CNP Annual Financial Reports Access
- ☐ Free and Reduced- Price Policy Statement
- ☐ Civil Rights Pre-Award Compliance
- ☐ State of Arizona Substitute W-9 Form
- ☐ Private Organizations require: Copy of tax-exemption 501(c)(3) letter from the IRS
- ☐ DUNS Number Form
- ☐ Certification Regarding Debarment
- ☐ Certification Regarding Lobbying
- ☐ Menu Certification documents
- ☐ Residential Facilities require: Copy of current license for each site(s) participating in the program

USDA Foods Program require: Food Distribution Program Delivery Information Form

I, First and Last Name
Designated Official (name printed)

Sponsor Name
Name of sponsoring entity will be approved for the National School Lunch Program and that I will not be able to claim any meals that are served before official approval is given.

Signature
Signature of Designated Official

Date when form was signed
Date

Revised July 2015

- Complete all empty fields.
- Check off all of the boxes as you complete them.
- When all of the boxes have been checked off, the Designated Official signs and submits this document as the cover page with all application forms.

Food Program Permanent Service Agreement (FPPSA)

The FPPSA is a legal contract between the Arizona Department of Education (ADE) and the Local Education Agency (LEA) participating in one or more child nutrition programs. Reimbursement may only be made to those LEAs who have a current agreement with the ADE.


[Food Program Permanent Service Agreement](#)

The image displays three pages of the Food Program Permanent Service Agreement (FPPSA) form. Page 1 (left) includes the Arizona Department of Education header, sponsor information, and checkboxes for National School Lunch Program, School Breakfast Program, and Special Milk Program. Page 17 (middle) contains the certification section with instructions and a signature line. Page 18 (right) contains the signature page with lines for the designated official and other authorized signatures, and a section for official use only.

- FPPSA is a total of eighteen pages. Applicants must complete all empty fields found on pages 1, 17 and 18. The following slides will review these pages.
- Send **two** originals (full 18 pages).
- All documents must be signed by the Designated Official (not the Board Member) on the Food Program Permanent Service Agreement (FPPSA).
- All signatures must be original (no felt pens, stamps or scanned images).
- Do not use correction fluid or tape.

Food Program Permanent Service Agreement (FPPSA) (continued)

Page 1 of the FPPSA

 **ARIZONA DEPARTMENT OF EDUCATION**
Health and Nutrition Services
1535 West Jefferson Street
Phoenix, Arizona 85007

**FOOD PROGRAM
PERMANENT SERVICE AGREEMENT**
ADE Contract No. ED09-0001
Revised Summer 2014

This is your name in the School Finance database (CTDS#) - it may not be the name on your letterhead.

1 ("SPONSOR")
(Legal Name of Applicant)

2 **use if the above name is not your legal name or how you are Doing Business As (if applicable).**
typically known

This Agreement is entered into between the Arizona State Board of Education ("BOARD"), acting through the Arizona Department of Education ("AGENCY"), a state agency of the State of Arizona, and the SPONSOR pursuant to Arizona Revised Statutes ("A.R.S.") §§ 15-203(B)(1) and 15-1152 (and § 11-951 et seq. if the SPONSOR is a public agency). If the SPONSOR is a public agency, the SPONSOR is authorized to enter into this Agreement pursuant to _____ **A.R.S. 15-183(H) [Charters],**
3 _____ **A.R.S. 15-342(13) [Public], all others leave blank**

The purpose of this agreement is to effectuate the National School Lunch Act ("NSLA"), as amended (42 U.S.C. § 1751 et seq.) and the Child Nutrition Act ("CNA") of 1966, as amended (42 U.S.C. § 1771 et seq.).

The SPONSOR enters into this Agreement with the BOARD for participation in one or more of the following programs (the "PROGRAM") (Check those that apply):


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1.	<input type="checkbox"/>	National School Lunch Program (CFDA No. 10.555)	Selecting items 1-3 does not require participation. However, if marked you may start any program without submitting a new FPPSA.
2.	<input type="checkbox"/>	School Breakfast Program (CFDA No. 10.553)	
3.	<input type="checkbox"/>	Special Milk Program (CFDA No. 10.556)	

- 1. Sponsor** – Enter the name given when provided a CTDS#. Do not abbreviate your Sponsor name unless that is how you are registered with School Finance. (ex: St. vs Saint) This may not be your legal name. It is okay to add your District number.
- 2. Doing Business As** – Only applicable for Sponsors whose legal name or name that is commonly used does not match the name provided by School Finance .
- 3.** Public programs are required to include the Arizona Revised Statutes (A.R.S.) that allow them to enter into this agreement. The blank line at the end of the first paragraph should be filled in with the A.R.S. for the specific type of sponsor:
 - School Districts would use: A.R.S. 15-342(13)
 - Charter Schools would use: A.R.S. 15-183(H)
 - Private and BIA Schools leave blank.
- 4.** Put a check mark or X within the [] to indicate which program you wish to participate in.

Food Program Permanent Service Agreement (FPPSA) (continued)

Page 17 of the FPPSA

**ARIZONA DEPARTMENT OF EDUCATION**
Health and Nutrition Services
1535 West Jefferson Street
Phoenix, Arizona 85007

**FOOD PROGRAM
PERMANENT SERVICE AGREEMENT**
Revised Summer 2014

CERTIFICATION PAGE
(Applicable to SPONSORS with governing boards only;
must be completed and signed before signature page.)

INSTRUCTIONS: The following information must be inserted into the Certification Section below.

- (1) County in which the governing board is located.
- (2) Name of governing board member authorized to sign this certification page.
- (3) City in which governing board meeting regarding the Food Program Permanent Service Agreement was held.
- (4) Date of governing board meeting.
- (5) Legal name of the SPONSOR.
- (6) Name of designated official who will be signing the Food Program Permanent Service Agreement (same designated official as on line 1 of the signature page of this Agreement).
- (7) Signature of governing board member (same name as on line (2) of this certification page).

Please note that a governing board member *cannot* designate himself or herself as the *Designated Official*.

CERTIFICATION

State of Arizona)
County of (1) County)
I, (2) Any Board Member, the duly appointed or elected and qualified
Name of Governing Board Member
member of, and acting on behalf of the governing board, do hereby certify that during a regular meeting held in (3)
City Arizona, on (4) Date of meeting, this governing board, by motion made, seconded
and carried, approved and authorized execution of an agreement between the (5)
Sponsor Name, same as page 1 and the State Board of Education (BOARD) for the purpose of
participating in the National School Lunch Program, School Breakfast Program, and/or Special Milk Program, for the period
beginning July 1, 2014.

(6) Name of Designated Official has been designated by the governing board to sign this Agreement.
Name of Designated Official
(Cannot be the same as (2) above)

I further certify that this meeting was duly noticed, called and convened and was attended by a majority of the members of the
governing board and that approval has not since been altered or rescinded.


(7) Board Member signs here
Signature of Governing Board Member
(Same as (2) above)

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- Complete lines (1) –(7) using the guidance on the form above.
- In line (2), if you do not actually have a board, please write " No Governing Board" on the page.
- Any board member may designate any other person to be the Designated Official. The board member cannot be the Designated Official. The Designated Official should be the most readily available person who can make a decision or sign a contract for NSLP.

Food Program Permanent Service Agreement (FPPSA) (continued)

Page 18 of the FPPSA

 **ARIZONA DEPARTMENT OF EDUCATION**
Health and Nutrition Services
1535 West Jefferson Street
Phoenix, Arizona 85007

**FOOD PROGRAM
PERMANENT SERVICE AGREEMENT**
Revised Summer 2014

SIGNATURE PAGE

AGREED TO AND SIGNED:

1. Designated Official Name and Title _____
(Print or Type Name and Title) (Signature of Designated Official if applicable)
[Same as item (6) on Certification Page]

Sponsor name same as page 1 _____
(SPONSOR) (Date)

Address Address of Sponsor physical location _____

OTHER AUTHORIZED SIGNATURES

2. other authorized signers _____
(Print or Type Name and Title) (Signature)

3. other authorized signers _____
(Print or Type Name and Title) (Signature)

4. other authorized signers _____
(Print or Type Name and Title) (Signature)

FOR OFFICIAL USE ONLY
STATE BOARD OF EDUCATION

(Superintendent of Public Instruction or Designee) (Date)
1535 West Jefferson, Phoenix, Arizona 85007

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- The Designated Official and Authorized Signers will be the only authorized representatives of the LEA to sign documents submitted to ADE for the NSLP and any other program that requires NSLP participation.
- All fields in section 1 must be completed.
- ADE recommends providing additional Authorized Signers in sections 2-4. The Designated Official should not sign again on number 2-4. It is not necessary to have board members as authorized signers. The purpose of requesting other authorized signers is to allow those individuals administering the program to be able to sign operational and routine program documents/updates.

ADD/CHANGE/DELETE Form

The purpose of this form is to formally request the Sponsor and participating sites to be added to the electronic Child Nutrition Programs (CNP) system.

[ADD / CHANGE / DELETE](#)

ADD / CHANGE / DELETE
Health and Nutrition Services Entity Data Form ver. 1

Fax To: (602) 542-1531 **Select Applicable Program** ☐ NSLP ☐ SFSP ☐ CACFP **Fax To: (602) 542-1531**

Sponsor Information

☐ I am requesting the creation of a brand new Sponsor form ☐ I am requesting a change to the Site(s)

☐ I am requesting a change to the Sponsor name

Sponsor Name: Sponsor name entered on the FPPSA

Sponsor CTDS#: XX-XX-XX-XXX

Physical Address: Physical address listed with School Finance

City: State: AZ Zip:

Mailing Address: Mailing address listed with School Finance

City: State: AZ Zip:

Site Information

☐ I am requesting a change to the Site name ☐ I am requesting the creation of a brand new site

☐ I am requesting that the Site be deleted ☐ (If brand new site, ☐ Non-Associated Site ☐ Associated Site)

Site Name:

Site CTDS#:

Physical Address: Location where program meals are served

City: State: AZ Zip:

Authorized Signer Information (The Governing Board Member who is listed on the Confidential Page of the ADE Food Program Participation Service Agreement, Contract, or a Designated Official/Authorized Representative is listed on the last page of the ADE Food Program Participation Service Agreement/Contract.)

Name: Authorized Signer (listed on pg. 18 of the FPPSA) Title:

Phone: E-Mail:

Authorized Signature: Date:

FOR NEW SPONSORS ONLY

Per PY: Program Approval: Date:

Please Check One Below:

☐ For-Profit Child Care Center ☐ Non-Profit Child Care Center ☐ Private Non-Profit Organization

☐ Adult Day Care Center ☐ Residential Child Care Institution (Non-Quota) ☐ Day Care Home Sponsor

- The location where program meals will be served is referred to as a site.
- The Sponsor name must match the name listed in the School Finance Database, found on page 1 of your FPPSA.
- This form must be signed by an authorized signer, found on page 18 of your FPPSA. Electronic signatures are not accepted by NSLP.
- If you are adding more than one site, there is an additional page. Each page must be signed.

Common Logon Permissions Request for NSLP

The ADE Common Logon is designed to encompass all Web applications at ADE for the purposes of allowing uniform access into all systems. Once granted a username and password, the user will have all requested “web applications” from different divisions listed on their Common Logon Home Page.

[Common Logon Permissions Request for NSLP](#)

- Follow all of the instructions provided on the form.
- Permissions Section:** Check off which CNP Applications the user will have access to. The following slide will review each of these CNP Applications.
- Authorized Representative must sign to approve this request.
 - Only an individual listed on the signature page 18 of the FPPSA can sign as an authorized signer.
 - Please list the authorized signers work E-mail address and work phone number. ADE will use this contact information to notify if.

Common Logon Permissions for NSLP
Please scan & e-mail the completed form to ADESchoolNutrition@azed.gov
Or fax the completed form to (602) 542-1531 attention NSLP Common Logon Processor

Sponsor name, same as page 1 on FPPSA CTDS#

Sponsor Name (this is the name of your District, your Non-Profit, your Church, etc.)

First name of person wanting permissions Last name of person wanting permissions

First Name (of person having permissions added/deleted) **Last Name**
Leave blank if you do not already have a username. ADE will create one for you.

Username (enter if you already have a username that you use to login to the ADE Common Logon. Example: JSmith1983) **Work E-Mail Address**

Title of person wanting permissions **Work Phone Number**

Title

Permissions Section

☐ Check here to request CNPWeb-NSLP permissions OR to keep them if you received them previously. Note that if left blank, permissions will be deleted if you received them previously.

☐ Check here to request CNP Menu Certification permissions OR to keep them if you received them previously. Note that if left blank, permissions will be deleted if you received them previously.

☐ Check here to request CNP Direct Certification permissions OR to keep them if you received them previously. Note that if left blank, permissions will be deleted if you received them previously.

☐ Check here to request CNP VERIFICATION permissions OR to keep them if you received them previously. Note that if left blank, permissions will be deleted if you received them previously.

☐ Check here if the user should be DELETED

First and Last Name of Authorized Signer

Authorized Representative

Signature of Authorized Signer Date when request was signed

Signature **Date**

Authorized Signer email Work Phone Number Ext.

Work E-Mail Address **Work Phone Number**

As the above named Authorized Representative, I certify that I am a Governing Board Member that is listed on the Certification Page of the ADE Food Program Permanent Service Agreement Contract; or a Designated Official/Authorized Representative that is listed on the last page of the ADE Food Program Permanent Service Agreement Contract. I understand by signing this document I am certifying that the above named User has been provided with the ADE Acceptable Use Policy; is an employee with this organization; and understands the responsibilities associated with the Common Logon Permissions for Health and Nutrition Services. Finally, I understand that it is my responsibility to request ADE to disable this user account, should this employee resign or be terminated from employment with the above named organization.

ADE USE ONLY

Approved By: _____ Date: _____
ADE Child Nutrition Programs Representative

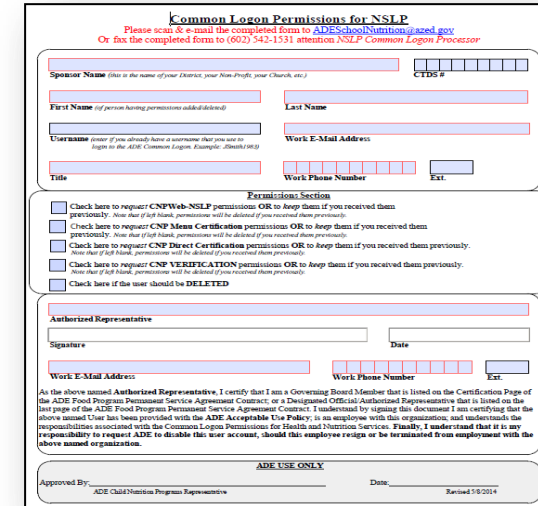
Revised 5/8/2014

ADE will notify user of permissions using the listed email/phone number

Common Logon Permissions Request for NSLP (continued)

Permissions Section

It is recommended that only those individuals who will be completing specific tasks have access to the different Common Logon Child Nutrition Program (CNP) Applications.



The form is titled "Common Logon Permissions for NSLP" and includes instructions: "Please scan & e-mail the completed form to ADESchoolNutrition@azed.gov" and "Or fax the completed form to (602) 542-1531 attention NSLP Common Logon Processor". It contains several sections for data entry: "Sponsor Name" (with a CDS # field), "First Name" and "Last Name", "Username" (with a note about login), "Work E-Mail Address", "Title", "Work Phone Number", and "Ext.". A "Permissions Section" follows with checkboxes for "CNPWeb-NSLP permissions", "CNP Menu Certification permissions", "CNP Direct Certification permissions", and "CNP VERIFICATION permissions", each with a note about previous permissions. There is also a checkbox for "Check here if the user should be DELETED". The "Authorized Representative" section includes fields for "Signature", "Date", "Work E-Mail Address", "Work Phone Number", and "Ext.". A disclaimer states that the representative certifies they are a Governing Board Member or Designated Official, understand the responsibilities, and agree to the ADE's policies. The bottom section, "ADE USE ONLY", includes "Approved By" (with a title "ADE Child Nutrition Program Representative"), "Date", and a "Revised" date of 7/5/2014.

CNP WEB-NSLP

- After the original paper application is approved, Site and Sponsor applications are entered into CNP Web. This must be done at the beginning of each Program Year.
- Claims for meal reimbursement are entered in CNP Web.

CNP MENU CERTIFICATION

- Used to upload or check documents used for Menu Certification which is currently part of the approval process.

CNP DIRECT CERTIFICATION

- Users will have access to enrolled students participating in Assistance Programs (SNAP, TANF, Foster)


CNP VERIFICATION

- Access to submit the required Verification Summary Report.

Free and Reduced Price Policy Statement

This statement outlines regulations for determining children's eligibility for free and reduced-price benefits in the NSLP, SBP and SMP. This policy statement is considered a permanent document and shall apply to the program(s) indicated on the most recent FPPSA.

[Free and Reduced Price Policy Statement](#)

<div><p>ARIZONA DEPARTMENT OF EDUCATION Health and Nutrition Services 1535 West Jefferson Street Phoenix, Arizona 85007</p><p>Free and Reduced-Price Policy Statement Revised Summer 2015</p><p><u>Introduction</u></p><p>In accordance with 7 CFR 245.10, each Local Educational Agency (LEA) participating in the National School Lunch Program (NSLP), School Breakfast Program (SBP), and/or the Special Milk Program (SMP) with the free milk option must have an approved free and reduced-price policy statement on file with the Arizona Department of Education (ADE) that accurately describes its current free and reduced-price policies. LEAs just beginning participation in the NSLP, SBP, or SMP must submit their policy statement to ADE for review as part of the new sponsor application process. The policy statement becomes a permanent document, but must be amended when the LEA makes a substantive change to its free and reduced-price policy. Amendments must be submitted for review by ADE by October 15 each year.</p><p><u>Policy Statement</u></p><p>Sponsor Name: _____</p><p>This statement applies to the programs in which the sponsor will be participating as indicated on the application and agreement.</p><p>In fulfilling its responsibilities to implement a policy that conforms to United States Department of Agriculture (USDA) regulations regarding determination of children's eligibility for free and reduced-price benefits, <u>Sponsor Name</u> wishes to state the following:</p><p>A. <u>Sponsor Name</u>'s CNP Web Sponsor Application will be updated each school year to reflect the following:</p><ol style="list-style-type: none">The household application, application letter, and notification letters provided to households applying for benefits will be those provided by ADE;And/or a customized household application, application letter, and notification letters have been developed and will be provided to households applying for benefits. Customized applications and letters must be reviewed and approved by ADE prior to use.<p>B. <u>Name and/or Title</u> is the LEA official that has been designated to make eligibility determinations.</p></div>	<div><p>cedures have been implemented: (procedures here)</p><p>ing applications for benefits have been implemented: (accepting applications here)</p><p>ordance with the current Income Eligibility Guidelines (IEGs).</p><p>igible for free meals. A foster child may be included as a member y chooses to also apply for benefits for other children, as household members can help other children in the household als. If the foster family is not eligible for free or reduced-price t a foster child from receiving free meal benefits.</p><p>ategorically eligible under Other Source Categorically Eligible act the school for assistance in receiving benefits and to mark the ndicate their status.</p><p>there are no barriers for participation in the NSLP, SBP, and/or EP) families and will communicate with parents and guardians in throughout the certification and verification processes.</p><p>ring procedures set forth in 7 CFR 245.7 and nondiscrimination</p><p>free and reduced-price applications by November 15 each year g the following procedures: (as here)</p><p>ption of the verification activities as required by 7 CFR</p><p>summary report of verification activities performed as required each year.</p><p>taken to prevent disclosure of confidential free and reduced- quired by 7 CFR 245.6(f-k): (here)</p><p>e following policies per site regarding meal charges:</p></div>	<div><p>regarding meal charges, including specific number of meals that may be</p><p>ch, breakfast, or type of milk is offered which meets the requirements of 7 r 215.2, children eligible for free or reduced-price benefits will have the /or milk that is available to those children who pay the full price for their vent overt discrimination of children receiving free or reduced-price meals, collecting payment from children paying the full- or reduced-price of the emented:</p><p>of payment methods here)</p><p>foods during a meal service, the following practices will be implemented tion of the children receiving free or reduced-price meals: plemented here)</p><p>the public through a public/media release which will be provided to employment offices, and major employers contemplating large layoffs in schools. The release will include the name(s) of the school(s) approved to d/or SMP in CNP Web, Income Eligibility Guidelines (IEGs) for free and other information required to be contained in the letter to households. A release which will be used is attached to this statement.</p><p>_____ (Title)</p><p>_____ (Authorized Signature)</p><p>_____ (Date)</p></div>
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- Fill in all grayed areas of the Free and Reduced Price Policy Statement.
- All fields requesting "Sponsor", please enter the Sponsor name listed on page 1 of the FPPSA.
- The last page will require the signature of an Authorized Signer. This signer must be listed on page 18 of the FPPSA.

Civil Rights Pre-Award Compliance

The Arizona Department of Education (ADE) is required to conduct a pre-award civil rights compliance review of unfunded Sponsors applying for a Child Nutrition Program.

[Civil Rights Pre-Award Compliance](#)

**Child Nutrition Programs
Civil Rights Pre-Award Compliance
New Sponsors Only**

Sponsors of the Child Nutrition Programs are required to use the following items to publicize The Program's availability and nondiscrimination requirements:

- Free and Reduced-Price Policy Statements
- Letter to Parents
- Public Release (Publicized by AZ Department of Education)
- Other materials used to publicize the program's availability and nondiscrimination requirements

Please submit the following information prior to the receipt of federal funds:

1. Sponsor Name: _____ Phone: _____
Address: _____ Fax: _____
_____ Zip Code: _____
_____ E-mail: _____

2. First, indicate the number of students enrolled from each racial/ethnic group. Next, indicate the enrolled percentage by dividing the number of enrolled students in each group by the total number of students enrolled. Finally, indicate the service area data from the census population statistics website: <http://arizonaindicators.org/demographics/demographics-overview>

Racial/Ethnic Data

	ENROLLED	ENROLLED %	SERVICE AREA %
Black/African American*			
White*			
Hispanic/Latino			
American Indian/Alaska Native*			
Asian*			
Native Hawaiian/ Pacific Islander*			
Some Other Race(s)*†			
Total			

* Race alone not Hispanic or Latino
† Includes 2 or more races

3. Are there membership requirements as a prerequisite for admission? If yes, please describe: _____

4. List names of other federal agencies which provide assistance to your organization: _____

5. Has your organization ever been found to be in Civil Rights noncompliance with any of the Federal Agencies listed in question 4? If yes, explain: _____

Revised 7/06

- Complete number 1 following the instructions provided on the form. When entering the Sponsor Name, please enter the name as shown on page 1 of the FPPSA.
- Complete Racial and Ethnic Data table.
 - Enrolled % and Service Area columns should total 100%.
 - Complete the Service Area % Column by clicking on the URL link located in the instructions of #2.
- Answer # 3, 4, and 5 if applicable, if not; please enter N/A.

State of Arizona Substitute W-9 Form

This form is required by Finance and Operations for Sponsor's to receive reimbursement for claims.

State of Arizona Substitute W-9 Form

State of Arizona Substitute W-9 & Vendor Authorization Form

Purpose: Establish or update a vendor account with the State of Arizona. This form meets the Federal requirements to request a taxpayer identification number (TIN), request certain certifications and claims for exemption, as well as the State of Arizona requirements for vendor establishment.

Instructions: Complete form if

1. You are a U.S. person (including a resident alien);
2. You are a vendor that provides goods or services to an Arizona state agency; AND
3. You will receive payment from the State of Arizona.

Return completed form to the state agency with whom you do business, for review and authorization. See instructions below or refer to the IRS instructions at www.irs.gov for details on completing this form.

Type of Request (Must select at least ONE)

☐ New Request ☐ New Location (Additional Mail Code) ☐ Change (Select the type of change from the following: ☐ Tax ID ☐ Legal Name ☐ Entity Type ☐ Minority Business Indicator ☐ Main Address ☐ Remittance Address ☐ Contact Information

Taxpayer Identification Number (TIN) (Provide ONE Only)

Social Security Number (SSN) - - OR Federal Employer Identification Number (FEIN) - -

Entity Name Must Provide Legal Name (*Must match SSN or FEIN given. If individual or sole proprietorship enter First, Middle, Last Name.)

Legal Name:

Entity Type Must Select One of the Following (Coding (X#) is for Internal Purposes Only)

☐ Individual/Sole Proprietor or Sole Proprietor organized as LLC, PLLC (61) ☐ State of Arizona employee (1E) STATE HRIS EIN

☐ Corporation NOT providing health care, medical or legal services (5A) ☐ LLC, PLLC organized as corporation NOT providing health care, medical or legal services (5A)

☐ Corporation providing health care, medical or legal services (5M) ☐ LLC, PLLC organized as corporation providing health care, medical or legal services (5M)

☐ Partnership, LLP or Partnership organized as LLC or PLLC (5C) ☐ A state, a possession of the US, or any of their political subdivisions or instrumentalities (4G)

☐ An international organization or any of its agencies/instrumentalities (5U) ☐ Other: Tax Reportable Entity (SP) Description:

☐ The US or any of its political subdivisions or instrumentalities (2G) ☐ Other: Tax Exempt Entity (5H)

Minority Business Indicator Must select one of the following (Coding (X#) is for internal purposes only)

☐ Small Business (01) ☐ Small, Woman Owned Business-Hispanic (31) ☐ Minority Owned Business-African American (04)

☐ Small Business-African American (23) ☐ Small, Woman Owned Business-Native American (33) ☐ Minority Owned Business-Asian (32)

☐ Small Business-Asian (24) ☐ Small, Woman Owned Business-Other Minority (11) ☐ Minority Owned Business-Hispanic (74)

☐ Small Business-Hispanic (25) ☐ Woman Owned Business (03) ☐ Minority Owned Business-Native American (15)

☐ Small Business-Native American (27) ☐ Woman Owned Business-African American (17) ☐ Minority Owned Business-Other Minority (02)

☐ Small Business-Other Minority (05) ☐ Woman Owned Business-Asian (18) ☐ Non-Profit, IRC §501(c) (88)

☐ Small, Woman Owned Business (06) ☐ Woman Owned Business-Hispanic (19) ☐ Non-Small, Non-Minority or Non-Woman Owned Business (00)

☐ Small, Woman Owned Business-African American (29) ☐ Woman Owned Business-Native American (21) ☐ Individual, Non-Business (00)

☐ Small, Woman Owned Business-Asian (30) ☐ Woman Owned Business-Other Minority (08)

Main Address Where tax information and general correspondence is to be mailed **Remittance Address Where payment is to be mailed** ☐ Same as Main

DBA/Branch/Location DBA/Branch/Location

Address Address

City State Zip code City State Zip code

Vendor Contact Information

Name Title

Phone # Ext. Fax Email

Certification ☐ Exempt from backup withholding

Under Penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) AND
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding AND
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Signature Title Date

STATE OF ARIZONA AGENCY USE ONLY - AGENCY AUTHORIZATION **VENDOR: DO NOT WRITE BELOW THIS LINE**

State HRIS EIN Print Name Signature

AGY Title Phone # Email Date

STATE OF ARIZONA GAO USE ONLY **VENDOR & STATE AGENCY: DO NOT WRITE BELOW THIS LINE**

☐ IRS TIN Matching ☐ Corporation Commission Vendor Number ☐ HRIS ☐ GAO-03 ☐ Other Processed by Date Processed

- Follow the instructions provided on the form.
- ADE will only accept the W-9 in this form.
- If you selected Non-Profit, IRC § 501(c) in the Minority Business Indicator section, you will need to provide a copy of the IRS approval letter.

DUNS Number Form

D-U-N-S Number assignment is FREE for all businesses required to register with the US Federal government for contracts or grants.

[DUNS Number Form](#)

Mandatory Reporting of DUNS Number WORKSHEET

Sponsor Name:

Sponsor name as listed on page 1 of FPPSA

Sponsor CTDS:

CTDS # that School Finance assigned to your school

Sponsor DUNS Number:

List the # that was obtained through this link:

<http://fedgov.dnb.com/webform>

- The Data Universal Numbering System or DUNS number is Dun & Bradstreet's copyrighted, proprietary means of identifying entities using a unique nine-digit identification number. If you do not already have a DUNS number you must request one online by going to <http://fedgov.dnb.com/webform>.

Certification Regarding Debarment

This form notifies the state of Arizona that the Sponsor will not knowingly do business with any organization that has been suspended or disbarred from operating any government program.

[Certification Regarding Debarment](#)

U.S. DEPARTMENT OF AGRICULTURE	
Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions	
<small>This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 7 CFR Part 3017, Section 3017.510, Participants' responsibilities. The regulations were published as Part IV of the January 30, 1989, <u>Federal Register</u> (pages 4722-4733). Copies of the regulations may be obtained by contacting the Department of Agriculture agency with which this transaction originated.</small>	
<small>(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE)</small>	
<small>(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.</small>	
<small>(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.</small>	
Sponsor name as listed on page 1 of FPPSA	
Organization Name	PR/Award Number Project Name
Name and title of an Authorized signer (found on page 18 of FPPSA)	
Name(s) and Title(s) Authorized Representative(s)	
Signature of Authorized signer	Date document was signed
Signature(s)	Date

- This is a one page form with one page of instructions.
- Please only submit and complete page 2.

Certification Regarding Lobbying

This form notifies the state of Arizona of the Lobbying activities done by the Sponsor. The Sponsor is to complete this form to disclose lobbying activities.

Certification Regarding Lobbying

CERTIFICATION REGARDING LOBBYING

Applicable to Grants, Subgrants, Cooperative Agreements, and Contracts Exceeding \$100,000 in Federal Funds.

Submission of this certification is a prerequisite for making or entering into this transaction and is imposed by section 1352, Title 31, U.S. Code. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of a Federal contract, the making of a Federal grant, the making of a Federal loan, the entering into a cooperative Agreement, and the extension, continuation, renewal, amendment, or modification of a Federal contract, grant, loan, or cooperative Agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative Agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all covered subawards exceeding \$100,000 in Federal funds at all appropriate tiers and that all sub recipients shall certify and disclose accordingly.

Sponsor Name

Name/Address of Organization

Designated Official/ Authorized Signer

Name/Title of submitting Official

Signature of Authorized signer Date document was signed

Signature

Date

DISCLOSURE OF LOBBYING ACTIVITIES

☐ Check this box if not applicable

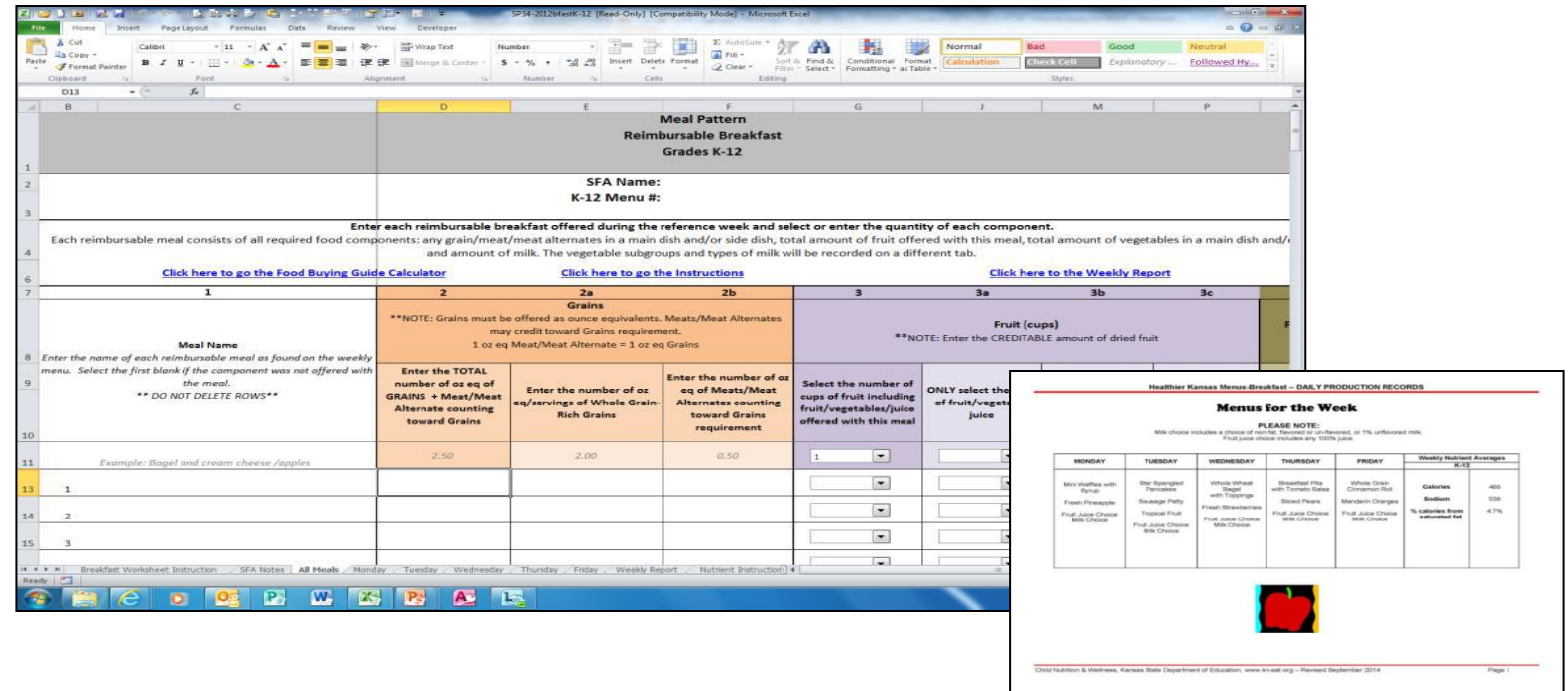
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan guarantee <input type="checkbox"/> e. loan insurance		2. Status of Federal Action: <input type="checkbox"/> a. bid/offer application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award		3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____	
4. Name and Address of Reporting Entity <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known Congressional District, (if known): _____		5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime: Congressional District, (if known): _____			
6. Federal Department/Agency:		7. Federal Program Name/Description CFDA Number, (if applicable): _____			
8. Federal Action Number, (if known):		9. Award Amount, (if known): \$			
10. a. Name and Address of Lobbying Entity (if individual, last name, first name, MI): (attach continuation sheet(s) SF-LLL-A, if necessary)		b. Individuals Performing Services (including address) (last name, first name, MI): (attach continuation sheet(s) SF-LLL-A, if necessary)			
11. Amount of Payment (check all that apply): \$ _____ <input type="checkbox"/> actual <input type="checkbox"/> planned		13. Type of Payment (check all that apply): <input type="checkbox"/> a. retainer <input type="checkbox"/> b. one-time fee <input type="checkbox"/> c. commission <input type="checkbox"/> d. contingent fee <input type="checkbox"/> e. deferred <input type="checkbox"/> f. other, specify: _____			
12. Form of Payment (check all that apply): <input type="checkbox"/> a. cash <input type="checkbox"/> b. in-kind; specify: nature _____ value _____		14. Brief Description of Services Performed or to be Performed and Date(s) of Service, including officer(s), employee(s), of Member(s) contracted, for payment indicated on item 11: (attach Continuation Sheet(s) SF-LLL-A, if necessary)			
15. Continuation Sheet(s) SF-LLL-A attached: <input type="checkbox"/> Yes <input type="checkbox"/> No					
16. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.				Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____	
Federal Use Only: _____					

- This is a two page form with one page of instructions.
- Please complete page 1 and 3.
- The instructions request a list of lobbying activities. If you do not lobby, indicate so on the 3rd page by putting an "X" in the box at the top of the page (located by arrow).

Menu Certification

LEAs must ensure their menus are in compliance with the meal pattern. Menu Certification is the process where LEAs input their menus on USDA Certification Worksheets that indicate if meal pattern requirements are being met.



The image shows a screenshot of a Microsoft Excel spreadsheet titled "SP34-2012Menu-12 (Read-Only) [Compatibility Mode] - Microsoft Excel". The spreadsheet is a USDA Menu Certification Worksheet for "Meal Pattern Reimbursable Breakfast Grades K-12". It includes fields for "SFA Name:" and "K-12 Menu #:". Below these, there are instructions and links for the Food Buying Guide Calculator, Instructions, and Weekly Report. The main table has columns for "Meal Name", "Grains", "Meats/Meat Alternates", and "Fruit (cups)". It also includes a "Weekly Report" section with a table for "Menus for the Week" showing daily menu items and their nutritional values.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	Weekly Nutrient Averages
Milk, wholefat with Ryeup	Star Spangled Pancakes	Whole Grain Ryeup with Tiramisu	Breakfast Pita with Tomato Sauce	Whole Grain Cinnamon Roll	Calories 400
Fruit, Pineapple	Revlon Puffy Tropical Fruit	Fruit, Strawberries	Round Pears	Mandarin Oranges	Sodium 500
Fruit, Juice Choice Milk Choice	Fruit, Juice Choice Milk Choice	Fruit, Juice Choice Milk Choice	Fruit, Juice Choice Milk Choice	Fruit, Juice Choice Milk Choice	% Calories from Saturated Fat 4.7%

Follow the Step by Step Guidance for How to Prepare a Certification Package located at: <http://www.azed.gov/health-nutrition/nslp/menu-certification/>

- Requires one week of menus
- Requires matching nutrition worksheets
- Submit the documents via email to ADESchoolNutriton@azed.gov

Application Forms if
Applicable

Application Forms If Applicable

501(c)(3)

- **For Private Organizations Only** - Copy of tax-exemption 501(c)(3) Letter from the IRS
 - If you selected Non-Profit, IRC § 501(c) in the Minority Business Indicator section of the AZ-W9, please provide a copy of the IRS approval letter.
 - We do not accept the IRS letters indicating you have applied for tax exemptions.

Operating License

For Residential Facilities only - Copy of current operating license

- A license for each site(s) participating in the program is required.
- Non-health facilities are licensed by DES
- Healthcare facilities are licensed by DHS

Application Forms If Applicable

Caterer/Vendor Contact

- All Sponsors of the Child Nutrition Programs have the option of contracting with a caterer or a Food Service Management Company (FSMC) to operate their food service. Please review the information found on the ADE Website, [Contracting for Meal Service](#).
 - All contracts must be approved by the ADE Contracts Management Officer (CMO) and Sponsors must follow procurement procedures.
 - Please plan at least 10 days for your contract to be reviewed.
 - Veronica Cramer
Contracts Management Officer
Health and Nutrition Services
(602) 364-1965
Veronica.Cramer@azed.gov

Application Forms If Applicable

Food Distribution Delivery Information Form

- Access to this program **requires additional training and access to MyFoods**. More information regarding USDA Foods and the CNP2000 system can be found in the [ADE USDA Foods/Food Distribution Webpage](#).
- Participation in USDA Foods Program is required to participate in the DoD Fresh Produce program.
- Participation in these programs may help reduce your food costs significantly.

Technical Assistance

If you have any questions about filling out any application forms, please feel free to contact the Health & Nutrition office at 602-542-8700 and ask for our New Sponsor specialist for National School Lunch Program.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

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